



CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)		Docket No.	
Applicant(s): Timothy Hla, et al.		UCT-0012	
Serial No. 09/651,846	Filing Date August 31, 2000	Examiner M. Schmidt	Group Art Unit 1635
Invention: METHOD FOR REGULATING ANGIOGENESIS			
FAX RECEIVED			
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SEP 18 2002 GROUP 1600			
I hereby certify that this <u>Amendment Transmittal Letter (1 page) and Amendment (4 pages)</u> (Identify type of correspondence)			
is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>(703) 872-9307</u>)			
on <u>September 18, 2002</u> (Date)			
<u>Tracy A. Sweatt</u> (Typed or Printed Name of Person Signing Certificate)			
<u>Tracy A. Sweatt</u> (Signature)			
Note: Each paper must have its own certificate of mailing.			

AMENDMENT TRANSMITTAL LETTER (Small Entity)			Docket No. UCT-0012		
Applicant(s): Timothy Hla, et al.					
Serial No. 09/651,846	Filing Date August 31, 2000	Examiner M. Schmidt	Group Art Unit 1635		
Invention: METHOD FOR REGULATING ANGIOGENESIS					
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
<input type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.					
<input type="checkbox"/> A verified statement to establish Small Entity status under 37 FR 1.27 is enclosed.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	50 -	50 =	0 x	\$9.00	\$0.00
INDEP. CLAIMS	12 -	12 =	0 x	\$42.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 06-1130 A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Signature			Dated: September 18, 2002		
Karen A. LeCuyer Registration No. 51,928 Customer No. 23413 Phone No. (860) 286-2929					
I certify that this document and fee is being deposited September 18, 2002 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.					
 Signature of Person Mailing Correspondence					
via Facsimile					
Typed or Printed Name of Person Mailing Correspondence					

CC:

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	TIMOTHY HLA ET AL)	
)	Group Art Unit: 1635
Serial No.:	09/651,846)	
)	Before the Examiner:
Filed:	August 31, 2000)	Schmidt, M.
)	
For:	METHOD FOR REGULATING)	
	ANGIOGENESIS)	

AMENDMENT AFTER FINAL

Facsimile No. (703) 872-9307
Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

This amendment is submitted in response to the Final Office Action dated July 31, 2002. Please amend the application as follows: